Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Docket Number (Optional) REISSUE APPLICATION DECLARATION BY THE INVENTOR 872-0155US1 I hereby declare that: Each inventor's residence, mailing address and citizenship are stated below next to their name. I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number ____6,366,266 April 2, 2002 . granted_ and for which a reissue patent is sought on the invention entitled Method and Apparatus for Programmable Field Emission Display the specification of which is attached hereto. Nov. 12, 2003 10/706,486 was filed on as reissue application number __ 11/12/03 and 8/28/06 and was amended on _ (If applicable) I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) by reason of a defective specification or drawing. by reason of the patentee claiming more or less than he had the right to claim in the patent. by reason of other errors. At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening: The original patent is believed to be wholly or partially inoperative or invalid for the following reasons: (1) The original patent does not name the proper combination of inventors. See Ex parte Scudder, 169 USPQ 814 (Bd. App. 1971). (2) The original patent does not claim what the proper combination of inventors had the right

[Page 1 of 2]

to claim.

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confribinativity is geoment by \$5 U.S. C. 122 and 37 CFR 1.11 and 114. This collection is estimated to take 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the information controlled to the amount of time you require to complete this form andres orgagetisms for excluding this turder, should be sent to the Chie Information Circle. U.S. Patent and Traclemant Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DNT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)						Docket Number (Optional) 872-0155US1					
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.											
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Full name of sole or fir	st inventor (given name, family nam	ne) Tiai	nhong Z	'hang	3						
Inventor's signature Date //-07-2007							7				
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Zhongy	oint inventor (given name, family nam	me) Z	honghi	Xia zx	· ~ 7, - 6	-200	7				
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Name of Additional Joint Inventor, if any	r:	A pe	tition has	been filed for this un	signed	inventor	
Given Name (first and middle (if any))	Family Name or Surname						
Benham	Moradi						
Inventor's Signature	•			Date			
Residence: City	State C		Country	Country		Iran Citizenship	
(Same)							
Mailing Address							
City	St-1-		7		Country		
City State Zip Country Name of Additional Joint Inventor, if any: A petition has been filed for this unstaned inventor.							
Given Name (first and middle (if any))	Family Name or Surname						
John		Lee					
Inventor's Signature					Date -39-200		
Residence: City Boise	State I	D	Co	ountry U.S.		u.s. Citizenship Yes.	
(Same) Mailing Address 5475 E. Dug	ctersal	<i>اے ل</i> مد					
city Boise	State Ii			m 83716	Count	uy 4.5.A.	
Name of Additional Joint Inventor, if any:							
Given Name (first and middle (if any))	Family Name or Sumame						
Inventor's Signature					Date		
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